

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

BEDORT #1

Complete this report	whenever the instrume	ar monthly preventive mai nt is serviced or repaired 5 days to the Breath Alco	and wheney	CEIVED		m, Jun 28, 2016	
INTOX DMT 5N 500072	NAME OF AGENCY Missouri State Highway Patrol				DATE OF INSPECTION 06/25/2016		
Business 54 at Ho			тиме от inspection 23:07:44				
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.							
☑ DIAGNOSTIC R	· · · · · · · · · · · · · · · · · · ·						
DATE AND TIME	DATE AND TIME 06/25/2016 23:07:46						
☑ PROGRAM	☑ PROGRAM ☑ FILTER 1						
SAMPLE CH.	SAMPLE CHAMBER 48.7°C ☑ FILTER 2						
	☑ BREATH TUBE 40.7°C						
☑ PUMP				STANDARD	,		
BREATH ANALYZER ACCURACY STANDARDS							
☐ SIMULATOR	☐ SIMULATOR STANDARD						
STANDARD SUP	PLIER INTOXIMET	ERS LOT	#_AG615304		EXP. DATE_06	<u> 5/01/2018</u>	
SIMULATOR TEN	MP (34°C ± 0.2°C)	SIMU	LATOR SN	SIMUL	ATOR EXP DAT	E	
of .005 or less. M	lark the box correspon TANDARD - MUST RE TANDARD - MUST RE	STANDARD IS TO BE ee tests must be within ±5 ding to the standard being AD BETWEEN 0.076%, AD BETWEEN 0.038%, AD BETWEEN 0.038%,	g used. AND 0.105% INC AND 0.084% INC	LUSIVE LUSIVE	it nave a spread		
TEST 1: 0.097	TEST 1: 0.097		TEST 2: 0.097		TEST 3: 0.097		
☑ PERFORM R.F.I. TEST							
INDICATE THE NUM	IBER OF BREATH T	ESTS IN THE FOLLOW	/ING RANGES S	INCE THE LAS	ST MAINTENAN	CE REPORT:	
REFUSALS: 0	004: 0	.0509: 0	.1014: 0	.15-	.19. 0	OVER .19. 0	
LIST ANY NEW PARTS AND DE ESTABLISHED LIMITS (USE OT		MODIFICATION THAT WAS MADE	TO RESTORE THE INST	RUMENT TO CPERAT	E SATISFACTORILY AN	рупни	
BEGINNING MAINTENA							
INSPECTING OFFIC	ER .		PRINT FULL NAME				
TYPE I PERMIT JUYBHR	11	EXPIRATION DATE	TELE	A DICKENS PHONE NUMBER			
260207		05/03/2018	i	3-751-1000		<u></u>	
RETURN COMPLET	ED REPORT TO TH	Breath Alcohol Progra	m, MO Departme	nt of Health and	Senior Services		

Southeast District Office



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 2-Jun-2016

Lot # AG615304 Model 108cacd

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52,94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2016.06.02 13:08:52-05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

nalyst: North

Rod Marsala

ISO 17025;2005 A2LA accredited. Certificate Number 2989.01